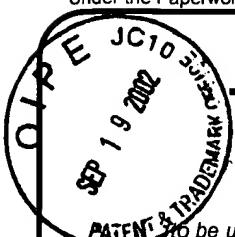


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TRANSMITTAL FORM

(PATENT & TRADEMARK OFFICE)
to be used for all correspondence after initial filing)

		Application Number	09/644,389
		Filing Date	08/23/2000
		First Named Inventor	Kachnic, Edward F.
		Group Art Unit	2121
		Examiner Name	Cabrera, Zoila E.
Total Number of Pages in This Submission	25	Attorney Docket Number	2000-1220-RA

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below)
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	RECEIVED
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	Postcard SEP 26 2002
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	Technology Center 2100
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

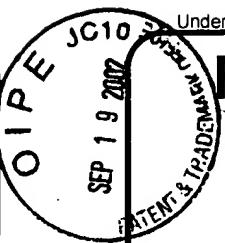
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Joel D. Myers, Esq.
Signature	
Date	09/19/02

CERTIFICATE OF MAILING		
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: <i>Expt. mail label# EV106267356 US</i> 9-19-2002		
Typed or printed name	<i>Sandra M. Sovinski</i>	
Signature	<i>Sandra M. Sovinski</i>	Date 9-19-2002

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

09-20-02

CP 2121/BS

PTO/SB/17 (10-01)
Approved for use through 10/31/2002. OMB 0651-0032U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
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FEE TRANSMITTAL for FY 2002

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$ 460.00)

Complete if Known

Application Number	09/644,389
Filing Date	08/23/2000
First Named Inventor	Kachnic, Edward F.
Examiner Name	Cabrera, Zoila E.
Group Art Unit	2121
Attorney Docket No.	2000-1220-RA

METHOD OF PAYMENT

1. The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number	[Redacted]
Deposit Account Name	[Redacted]

Charge Any Additional Fee Required
Under 37 CFR 1.16 and 1.17

Applicant claims small entity status.
See 37 CFR 1.27

2. Payment Enclosed:

Check Credit card Money Order Other

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Small Entity

Fee Code (\$)	Fee (\$)	Fee Code (\$)	Fee Description	Fee Paid
101	740	201	370	Utility filing fee
106	330	206	165	Design filing fee
107	510	207	255	Plant filing fee
108	740	208	370	Reissue filing fee
114	160	214	80	Provisional filing fee

SUBTOTAL (1) (\$ 0.00)

2. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee from below	Fee Paid
Independent	5	-20** = 0	X [Redacted] = [Redacted]
Claims	5	-3** = 0	X [Redacted] = [Redacted]
Multiple Dependent	[Redacted]	[Redacted]	= [Redacted]

Total Claims

Independent Claims

Multiple Dependent

[Redacted]

TPaid

[Redacted]

[Redacted]